

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 14 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Cape GirardeauRegistration District No. 125Township Cape GirardeauPrimary Registration District No. 5178City Cape Girardeau(No. St. Francis Hospital)File No. 28557Registered No. 163St. Ward 2. FULL NAME Charlotte Ruth Speck(a) Residence, No. Amcell Mo

(Usual place of abode)

St. Ward. Amcell Mo

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8 - 1933

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

816

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Amcell, Mo.

MOTHER FATHER

13. NAME George L. Speck14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Prairie Mo15. MAIDEN NAME Hazel Swindell16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Swanton Mo17. INFORMANT (ADDRESS) Geo. L. Speck

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial ParkDATE Aug 26193419. UNDERTAKER (ADDRESS) Hanna Funeral Home107 S. Sprigg, Cape Girardeau20. FILED Aug 26 - 1934J. M. ThompsonR. P. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/2422. I HEREBY CERTIFY, That I attended deceased from 8/16 to 8/24, 1934I last saw him alive on 8/24, 1934to have occurred on the date stated above, at 12:20 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Tub

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 1934

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. Speck

M. D.

(Address) Cape Girardeau Mo

